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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/158,549

Applicant : John S. HENDRICKS, et al.

Filed : September 22, 1998

Title : ADVANCED SET TOP TERMINAL WITH ELECTRONIC MAIL  
BOX FOR CABLE DELIVERY SYSTEMS

TC/A.U. : 2611

RECEIVED

Examiner : R. Brown

NOV 03 2003

Docket No. : 5515

Technology Center 2600

Customer No. : 038598

**Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

REQUEST FOR RECONSIDERATION

Sir:

In response to the July 31, 2003 Office Action, please amend the above identified application as follows:

*Amendments to the Claims* are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.



ATTORNEY DOCKET NO.: 5515

PATENT APPLICATION

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): John S. HENDRICKS, et al.

Confirmation No.: 4086

Application No.: 09/158,549

Examiner: R. Brown

Filing Date: September 22, 1998

Group Art Unit: 2611

Title: ADVANCED SET TOP TERMINAL WITH ELECTRONIC MAIL BOX FOR CABLE DELIVERY SYSTEMS

RECEIVED

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NOV 03 2003

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT Technology Center 2600

Sir:

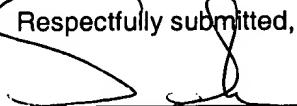
Transmitted herewith is/are the following in the above-identified application:

<input type="checkbox"/> Response/Amendment	<input type="checkbox"/> Petition to extend time to respond
<input type="checkbox"/> New fee as calculated below	<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> No additional fee (Address correspondence to "Box Non-Fee Amendments")	
<input checked="" type="checkbox"/> Other: <u>REQUEST FOR RECONSIDERATION</u>	(fee \$ _____)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY							
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA		(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	38	MINUS	40	=	0	X	\$18
INDEP. CLAIMS	8	MINUS	8	=	0	x	\$86
[ ] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+		\$290	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	<input type="checkbox"/>	2ND MONTH \$420.00	<input type="checkbox"/>	3RD MONTH \$950.00	<input type="checkbox"/>	4TH MONTH \$1,480.00
OTHER FEES							\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$

Please charge \$0.00 to Deposit Account No. 50-2849 to cover the above fees. In the event any difference exists between the amount authorized to be charged and the actual charges, please charge or credit any such difference to Deposit Account No. 50-2849.

Respectfully submitted,

  
Sean S. Wooden  
Attorney/Agent for Applicant(s)  
Reg. No. 43,997

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Date: October 31, 2003